

Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF CALIFORNIA

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Shields Nursing Centers, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 94-2545134

4. Debtor's address Principal place of business

606 Alfred Nobel Drive
Hercules, CA 94547

Number, Street, City, State & ZIP Code

Contra Costa
County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.shieldsnursingcenters.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

7. Describe debtor's business A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☐ Chapter 7
☐ Chapter 9

☒ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
If more than 2 cases, attach a separate list.

- ☒ No.
☐ Yes.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship
District _____ When _____ Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☐ 1-49

☒ 50-99

☐ 100-199

☐ 200-999

☐ 1,000-5,000

☐ 5,001-10,000

☐ 10,001-25,000

☐ 25,001-50,000

☐ 50,001-100,000

☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000

☐ \$50,001 - \$100,000

☐ \$100,001 - \$500,000

☐ \$500,001 - \$1 million

☒ \$1,000,001 - \$10 million

☐ \$10,000,001 - \$50 million

☐ \$50,000,001 - \$100 million

☐ \$100,000,001 - \$500 million

☐ \$500,000,001 - \$1 billion

☐ \$1,000,000,001 - \$10 billion

☐ \$10,000,000,001 - \$50 billion

☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000

☐ \$1,000,001 - \$10 million

☐ \$500,000,001 - \$1 billion

Debtor Shields Nursing Centers, Inc. Case number (if known) _____
Name

- ☐ \$50,001 - \$100,000
☐ \$100,001 - \$500,000
☐ \$500,001 - \$1 million

- ☒ \$10,000,001 - \$50 million
☐ \$50,000,001 - \$100 million
☐ \$100,000,001 - \$500 million

- ☐ \$1,000,000,001 - \$10 billion
☐ \$10,000,000,001 - \$50 billion
☐ More than \$50 billion

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

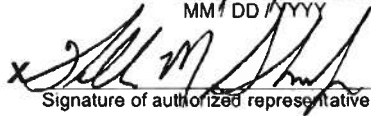
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/20/2023
MM / DD / YYYY



Signature of authorized representative of debtor

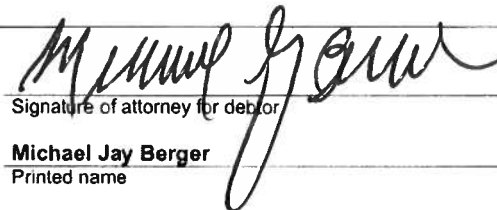
William M. Shields Jr.

Printed name

Title **Chief Executive Officer**

18. Signature of attorney

X



Signature of attorney for debtor

Date

09/20/2023
MM / DD / YYYY

Michael Jay Berger

Printed name

Law Offices of Michael Jay Berger

Firm name

**9454 Wilshire Boulevard, 6th floor
Beverly Hills, CA 90212**

Number, Street, City, State & ZIP Code

Contact phone **(310) 271-6223**

Email address **michael.berger@bankruptcypower.com**

100291 CA

Bar number and State

Fill in this information to identify the case:

Debtor name Shields Nursing Centers, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

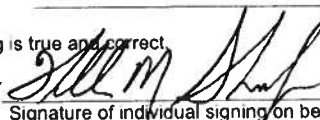
- ☒ *Schedule A/B: Assets--Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

09/20/2023

x



Signature of individual signing on behalf of debtor

William M. Shields Jr.

Printed name

Chief Executive Officer

Position or relationship to debtor

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

Fill in this information to identify the case:

Debtor name **Shields Nursing Centers, Inc.**
 United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
BizFund LLC 2371 McDonald Ave., 2nd Floor Brooklyn, NY 11223		Debtor's assets	Unliquidated Disputed	fully undersecured per Debtor's schedules		\$400,000.00
BlueVine 401 Warren St., Ste 300 Redwood City, CA 94063		Loan				\$178,341.00
CTI III, LLC CTI Corporate Tax Incentives 1720 Prairie City Rd., Ste 120 Folsom, CA 95630		Services	Disputed			\$270,393.51
Dept. of Health Care Services Acct Sect/Cashiers Unit, MS 1101 PO Box 997415 Sacramento, CA 95899-7415		Quality Assurance Fee				\$760,221.99
Dimension Funding, LLC 6 Hughes Street #220 Irvine, CA 92618		Equipment: (1) Nursing Call Systems installed at the Cerrito location and (1) Nursing Call Systems installed at the Richmond location. The equipment i		\$158,842.22	\$45,000.00	\$113,842.22

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Earleen Miller c/o Labor Commissioner Office 1515 Clay St., Ste 801 Oakland, CA 94612		Pending claim with the Dept of Labor Commissioner	Unliquidated Disputed			\$137,736.15
Graph Insurance Group 270 Sylan Ave, Suite 2255 Englewood Cliffs, NJ 07632		Defense counsel fees	Disputed			\$113,560.93
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Debtor's assets		fully undersecured per Debtor's schedule A/B		\$95,794.32
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Debtor's assets		fully undersecured per Debtor's schedule A/B		\$181,502.16
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Estimated unpaid payroll taxes				\$4,200,000.00
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Debtor's assets		fully undersecured per Debtor's schedule A/B		\$851,339.40
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Payroll tax obligation		fully undersecured per Debtor's schedule A/B		\$297,795.19
Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346		Debtor's assets		\$1,882,355.99	\$1,681,776.08	\$200,579.91
James Prasad 29910 Bello View Place Hayward, CA 94544		Unpaid rent for Richmond facility for two months				\$82,809.04

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kaiser Foundation Health Plan, Inc File 5915 Purchase #602186-0000 Los Angeles, CA 90074-5915		Employee health care plan premium				\$184,299.12
McKesson Medical-Surgical #31714 PO Box 630693 Cincinnati, OH 45263-0693		Medical Supplies				\$90,040.62
Pharmerica Attn: LeeAnn - AR PO Box 409251 Atlanta, GA 30384-9251		open invoices				\$237,431.13
U.S. Small Business Administration El Paso Loan Service Center 10737 Gateway West, Ste. 300 El Paso, TX 79935		Debtor's assets		fully undersecured per Debtor's schedule A/B		\$2,000,000.00
UFS West LLC 1915 Hollywood Blvd., Suite 200A Hollywood, FL 33020		Debtor's assets	Unliquidated Disputed			\$200,000.00
Webfund 99 Washington Ave., Ste 1008 Albany, NY 12260		Merchant Cash Advance Loan; UCC statement does not appear to be recorded	Unliquidated Disputed			\$400,000.00

Fill in this information to identify the case:

Debtor name **Shields Nursing Centers, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property: Copy line 88 from Schedule A/B.....	\$ 0.00
1b. Total personal property: Copy line 91A from Schedule A/B.....	\$ 1,726,970.40
1c. Total of all property: Copy line 92 from Schedule A/B.....	\$ 1,726,970.40

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of Schedule D.....	\$ 5,843,546.11
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of Schedule E/F.....	\$ 374,048.55
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F.....	+\$ 7,287,116.20
4. Total liabilities Lines 2 + 3a + 3b	\$ 13,504,710.86

Fill in this information to identify the case:

Debtor name **Shields Nursing Centers, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

☐ No. Go to Part 2.

☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of
debtor's interest

2. Cash on hand

\$150.00

3. Checking, savings, money market, or financial brokerage accounts (Identify all)
Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account
number

3.1. Bank of the West

Receivables account

9159

\$381.44

3.2. Bank of the West
Cards issued to employees to use
when they go to see their doctors
Debtor needs to keep this account
open; otherwise, the employees won't
be able to use the debit cards.

HSA Marin (high share
account with Kaiser for
deductibles)

9629

\$4,243.81

3.3. Bank of the West

Payroll Account

9287

\$282,886.91

3.4. Bank of the West

Reserve Account

5467

\$503.81

3.5. Bank of the West

Accounts Payable

8849

\$0.00

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

Bank of the West
CA requires interest bearing trust
account for patients that would like to
deposit funds for the company to keep
for them. This includes the patients'
social security income (use the funds
to pay for certain expenses of the
patients, order clothes).

3.6. Patient Trust Account 0036 \$301.92

4. Other cash equivalents (Identify all)

5. Total of Part 1.

\$288,467.89

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☒ Yes Fill in the information below.

11. Accounts receivable

11a. 90 days old or less:

Accounts receivable from

Medicare, Medi-Cal,

Private Insurances,

HMO/MGD Care, Hospice

(El Cerrito): \$500,832.94

Accounts receivable from

Medicare, Medi-Cal,

Private Insurances,

HMO/MGD Care, Hospice

(Richmond):

\$1,072,870.86.

Total between the

Richmond and El Cerrito

is \$1,573,703.80. Debtor

anticipates collecting 80%

of the face value which is

\$1,258,963.04.

\$1,258,963.04

face amount

-

0.00 =

doubtful or uncollectible accounts

\$1,258,963.04

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

11b. Over 90 days old:
Accounts receivable from
Medicare, Medi-Cal,
Private Insurances,
HMO/MGD Care, Hospice
(Cerritos): \$54,082.43
(50% likelihood of
collection: \$27,041.21).
Accounts receivable from
Medicare, Medi-Cal,
Private Insurances,
HMO/MGD Care, Hospice
(Richmond): \$127,996.53
(50% likelihood of
collection = \$63,998.26).

\$182,078.94

-

\$91,039.47 =

\$91,039.47

face amount

doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,350,002.51

Part 4: Investments

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below. See item #39 below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

Inventory List for both locations: 125 electric
bends, 125 night stands, 125 table lamps, 125
overbed tables, 40 desktop computers
including monitors, 12 laptops and tablets, 125
folding chairs, 125 26" LCD TV in resident
rooms, 2 65" LCD in common areas, 2 dining
room tables, 12 dining room tables, 3 hooyer
lifts, 3 dynomaps, 40 dining room chairs, 24
office furniture (includes desk and chairs), 3
conference tables, 10 common area furniture
(chairs and end tables), 3 housekeeping cards,
patient supplies, 7 refrigerators and freezers, 3
plate warmers, 3 microwaves, 2 steam tables,
plates and silverware.

\$28,500.00

40. Office fixtures

41. Office equipment, including all computer equipment and
communication systems equipment and software
Equipment: (1) Nursing Call Systems installed
at the Cerrito location and (1) Nursing Call
Systems installed at the Richmond location.
The equipment is financed with Dimension
Funding, LLC for a 60 month term which
commenced in May 2022 with a monthly
payment of \$3,672.00. The vendor for the
nurse call systems is RF Technologies.

\$45,000.00

Leased Entertain360 Equipment for El Cerrito
location, including all parts, accessories, and
attachment thereto.

\$0.00 (leased)

Leased Entertain360 for Richmond location,
including all parts, accessories, and
attachment thereto.

\$0.00 (leased)

42. Collectibles *Examples:* Antiques and figurines; paintings, prints, or other artwork;
books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card
collections; other collections, memorabilia, or collectibles

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$73,500.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No
☐ Yes

Part 8: Machinery, equipment, and vehicles

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.
☒ Yes Fill in the information below.

Debtor Shields Nursing Centers, Inc.
Name

Case number (If known) _____

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	2004 Isuzu Box Truck: vehicle is paid in full; 52,956 miles.			\$5,000.00
47.2.	2014 Ram Pro-master: paid in full with 48,002 miles			\$10,000.00

48. **Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

51. **Total of Part 8.**

\$15,000.00

Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 9: Real property

54. **Does the debtor own or lease any real property?**

☐ No. Go to Part 10.
☒ Yes Fill in the information below.

54.1 Lease agreement between El Cerrito Investment Group, LLC ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for the real property commonly known as 3230 Carlson Blvd., El Cerrito, CA ("Shields Nursing Center"). The Lease commenced on September 1, 1999 with an option to extend the term of the lease for three periods of five years each by giving notice to Landlord. The base rent provides for percentage increase. Rent is due by the 10th of each month. The lease is intended to be a Net Lease. Tenant is responsible for real and personal taxes, and for payment of the utilities. Current base rent amount is \$22,341.00. Debtor wishes to assume the lease.

54.2 Lease agreement between James Prasad ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for the premises located at 1919 Cutting Blvd., Richmond, California (the "Premises"). The Lease commenced on October 1, 2011 with three options to extend the lease by 5 years each. Monthly base rent is due by the 10th of each month. Tenant is responsible for real and personal property taxes and for utilities. Current base rent is \$41,405.00. Debtor wishes to assume the Lease.

54.3 Lease agreement between Willie & Monique Shields ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for certain freestanding building and parking area commonly known as 606 Alfred Nobel Drive, Hercules, CA 94547 (the "Premises"). The Lease commenced on March 1, 2005 and has an end date of February 28, 2025. Tenant shall have an option to extend the term of the Lease for three periods of five years each by giving written notice to exercise this option at least 6 months prior to the expiration of the prior lease term. Tenant shall pay Landlord monthly base rent of \$15,352.20 subject to adjustment per Section 4.2 of the Lease. Tenant is also responsible for personal property and real property taxes as well as substitute and additional taxes that might be assessed on the property. Tenant is also responsible for all utilities and services furnished for the Premises. Current base rent is \$16,427.00. Debtor wishes to assume the Lease.

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60.	Patents, copyrights, trademarks, and trade secrets			
61.	Internet domain names and websites			
62.	Licenses, franchises, and royalties California Dept of Public Health License issued by Health Care Services for Richmond facility; License No.: 140000276. California Dept of Public Health License issued by Health Care Services for El Cerrito facility; License No.: 140000139			\$0.00

63. Customer lists, mailing lists, or other compilations

64. Other intangibles, or intellectual property

65. Goodwill

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$0.00

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1	<u>\$288,467.89</u>	
81. Deposits and prepayments. Copy line 9, Part 2.	<u>\$0.00</u>	
82. Accounts receivable. Copy line 12, Part 3.	<u>\$1,350,002.51</u>	
83. Investments. Copy line 17, Part 4.	<u>\$0.00</u>	
84. Inventory. Copy line 23, Part 5.	<u>\$0.00</u>	
85. Farming and fishing-related assets. Copy line 33, Part 6.	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	<u>\$73,500.00</u>	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	<u>\$15,000.00</u>	
88. Real property. Copy line 56, Part 9.....>		<div>\$0.00</div>
89. Intangibles and intellectual property. Copy line 66, Part 10.	<u>\$0.00</u>	
90. All other assets. Copy line 78, Part 11.	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<div>\$1,726,970.40</div>	+ 91b. <div>\$0.00</div>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<div>\$1,726,970.40</div>

Fill in this information to identify the case:

Debtor name Shields Nursing Centers, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 BizFund LLC
Creditor's Name
2371 McDonald Ave., 2nd Floor
Brooklyn, NY 11223
Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred
3/10/2023
Last 4 digits of account number
6925

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Debtor's assets

Describe the lien
UCC Financing Statement
Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

- ☐ Contingent
☒ Unliquidated
☒ Disputed

Column A

Amount of claim

Do not deduct the value of collateral.

\$400,000.00

Column B

Value of collateral that supports this claim

\$0.00

2.2 CT Corporation System, as representative
Creditor's Name

330 N. Brand Blvd., Ste 700
Glendale, CA 91203
Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred
3/20/2019
Last 4 digits of account number
0384

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
Debtor's assets

Describe the lien
UCC Financing Statement
Is the creditor an insider or related party?

- ☒ No
☐ Yes
Is anyone else liable on this claim?
☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

Unknown

\$0.00

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☒ Contingent
☒ Unliquidated
☒ Disputed

**2.3 CT Corporation System, as
representative**

Creditor's Name

**330 N. Brand Blvd., Ste 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/2/2019

Last 4 digits of account number

9874

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Debtor's assets

Unknown

\$0.00

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent
☒ Unliquidated
☒ Disputed

**2.4 CT Corporation System, as
representative**

Creditor's Name

**330 N. Brand Blvd., Ste 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

10/24/2022

Last 4 digits of account number

6331

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

Describe debtor's property that is subject to a lien

Debtor's assets

Unknown

\$0.00

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
☐ Yes

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent
☒ Unliquidated
☒ Disputed

**2.5 CT Corporation System, as
representative**

Creditor's Name

**330 N. Brand Blvd., Ste 700
Glendale, CA 91203**

Creditor's mailing address

Creditor's email address, if known

Describe debtor's property that is subject to a lien

Debtor's assets

Unknown

\$0.00

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No
☐ Yes

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

Date debt was incurred
12/11/2019
Last 4 digits of account number
2300

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☒ Contingent
☒ Unliquidated
☒ Disputed

2.6 Dimension Funding, LLC

Creditor's Name

**6 Hughes Street #220
Irvine, CA 92618**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
May 6, 2022
Last 4 digits of account number
7328

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment: (1) Nursing Call Systems installed at El Cerrito location and (1) Nursing Call Systems installed at the Richmond location. The equipment is financed with Dimension Funding, LLC for a 60 month term which commenced in May 2022 wit

\$158,842.22

\$45,000.00

Describe the lien

**Equipment Finance Agreement /
UCC Statement**

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.7 Employee Development Department

Creditor's Name

**PO Box 826203
Sacramento, CA 94230**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
2/17/2017
Last 4 digits of account number
6310

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Debtor's assets

\$194.32

\$0.00

Describe the lien

Notice of State Tax Lien for 7/1/16 - 9/30/16

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

2.8 First Corporate Solutions, representative

Creditor's Name

**914 S. Street
Sacramento, CA 95811**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
12/27/2022
Last 4 digits of account number
5418

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Debtor's assets

Unknown

\$0.00

Describe the lien

UCC Financing Statement

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☒ Contingent

☒ Unliquidated

☒ Disputed

2.9 Internal Revenue Service

Creditor's Name

**P O Box 7346
Philadelphia, PA
19101-7346**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
6/13/2019
Last 4 digits of account number
7295

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Debtor's assets

\$95,794.32

\$0.00

Describe the lien

Notice of Federal Tax Lien for 4th Q of 2018

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1 Internal Revenue Service

Creditor's Name

**P O Box 7346
Philadelphia, PA
19101-7346**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred
8/22/2018
Last 4 digits of account number
5811

Do multiple creditors have an interest in the same property?

Describe debtor's property that is subject to a lien
Debtor's assets

\$851,339.40

\$0.00

Describe the lien

Notice of Federal Tax Lien for 2012 - 2016

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
1 **Internal Revenue Service**

Creditor's Name
**P O Box 7346
Philadelphia, PA
19101-7346**
Creditor's mailing address

Describe debtor's property that is subject to a lien
Debtor's assets

\$1,882,355.99

\$0.00

Describe the lien

Notice of Federal Tax Lien for 2011 - 2017

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

8/22/2018

Last 4 digits of account number

6064

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
2 **Internal Revenue Service**

Creditor's Name
**P O Box 7346
Philadelphia, PA
19101-7346**
Creditor's mailing address

Describe debtor's property that is subject to a lien
Debtor's assets

\$181,502.16

\$0.00

Describe the lien

Notice of Federal Tax Lien for 3/31/2018

Is the creditor an insider or related party?

☒ No
☐ Yes
Is anyone else liable on this claim?

☒ No
☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

12/17/2018

Last 4 digits of account number

0360

Do multiple creditors have an
interest in the same property?

☒ No
☐ Yes. Specify each creditor,
including this creditor and its relative
priority.

As of the petition filing date, the claim is:
Check all that apply

☐ Contingent
☐ Unliquidated
☐ Disputed

2.1
3 **Leaf Capital Funding, LLC**

Creditor's Name
**2005 Market Street, 14th Fl
Philadelphia, PA 19103**
Creditor's mailing address

Describe debtor's property that is subject to a lien

**Leased Entertain360 Equipment for El Cerrito
location, including all parts, accessories, and
attachment thereto.**

\$33,212.39

\$0.00 (leased)

Describe the lien

**Equipment Lease for El Cerrito /
UCC Financing**

Is the creditor an insider or related party?

☒ No

Debtor **Shields Nursing Centers, Inc.**

Case number (if known)

Name

Creditor's email address, if known

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

December 22, 2022

Last 4 digits of account number

6730

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
4

Leaf Capital Funding, LLC

Creditor's Name

**2005 Market Street, 14th Fl
Philadelphia, PA 19103**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**3/23/2023; UCC recorded
3/31/2023**

Last 4 digits of account number

8332

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$40,305.31

\$0.00 (leased)

**Leased Entertain360 for Richmond location,
including all parts, accessories, and
attachment thereto.**

Describe the lien

Equipment Lease for Richmond

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☒ No

☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

2.1
5

**U.S. Small Business
Administration**

Creditor's Name

**El Paso Loan Service
Center
10737 Gateway West, Ste.
300, El Paso, TX 79935**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/23/2020

Last 4 digits of account number

8008

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

\$2,000,000.00

\$0.00

Debtor's assets

Describe the lien

EIDL Loan

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known) _____

2.1
6 **UFS West LLC**

Creditor's Name
**1915 Hollywood Blvd.,
Suite 200A
Hollywood, FL 33020**
Creditor's mailing address

Creditor's email address, if known _____

Date debt was incurred
5/2/2023
Last 4 digits of account number
1531

Do multiple creditors have an interest in the same property?
☒ No
☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien
Debtor's assets

\$200,000.00 **\$0.00**

Describe the lien
UCC Financing Statement
Is the creditor an insider or related party?
☒ No
☐ Yes
Is anyone else liable on this claim?
☐ No
☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:
Check all that apply
☐ Contingent
☒ Unliquidated
☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$5,843,546.1
1

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**CESC - Covid EIDL Service Center
14925 Kingsport Rd.
Fort Worth, TX 76155**

Line **2.15**

**U.S. Small Business Administration
Attn: District Counsel
455 Market Street, Suite 600
San Francisco, CA 94105**

**CIT Bank, N.A., a Division of
First-Citizens Bank & Trust Company
10201 Centurion Pkwy N., #100
Jacksonville, FL 32256**

Line **2.6**

**Internal Revenue Service
PO Box 145595
Stop 8420G
Cincinnati, OH 45250-5585**

Line **2.9**

**Leaf Capital Funding, LLC
1720A Crete Street
Moberly, MO 65270**

Line **2.13**

**Lien Solutions
PO Box 29071
Glendale, CA 91209-9071**

Line **2.2**

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

RF Technologies
3125 N 126th Street
Brookfield, WI 53005

Line 2.6

Sentrics
1720A Crete Street
Moberly, MO 65270

Line 2.13

Fill in this information to identify the case:

Debtor name **Shields Nursing Centers, Inc.**

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF CALIFORNIA**

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Employee Development Department Bankruptcy Group MIC 92E PO Box 826880 Sacramento, CA 94280-0001 Date or dates debt was incurred 2nd and 3rd Q of 2023 Last 4 digits of account number 5134 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Tax obligation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$76,253.36 \$76,253.36

2.2	Priority creditor's name and mailing address Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346 Date or dates debt was incurred 3rd Q of 2023 Last 4 digits of account number 5134 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Payroll tax obligation Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$297,795.19 \$297,795.19
-----	---	--	--

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor Shields Nursing Centers, Inc.
Name

Case number (if known) _____

3.1 Nonpriority creditor's name and mailing address
Ability Non-Emergency Medical Transport
970 Rock Ridge Way
Pittsburg, CA 94565
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$3,700.60

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.2 Nonpriority creditor's name and mailing address
Accelerated Care Plus Corp
13828 Collections Center Dr
Chicago, IL 60693
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$2,951.56

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.3 Nonpriority creditor's name and mailing address
Allied Propane
c/o Sandra
5000 Seaport Ave
Richmond, CA 94804
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$18.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.4 Nonpriority creditor's name and mailing address
AMPG Healthcare Solution, Inc
1313 N. Milpitas Blvd #154
Milpitas, CA 95035
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$28,648.54

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.5 Nonpriority creditor's name and mailing address
Ashley and Alexandra Stuteville
c/o Milanfar Law Firm, PC
Attn: Shahrad Milanfar, Esq.
1777 Oakland Blvd., Ste 220B
Walnut Creek, CA 94596
Date(s) debt was incurred _____
Last 4 digits of account number 2208

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Request for dismissal of lawsuit filed on 6/18/2023 and entered on 6/22/2023; included as a precaution and for notification purposes only

Is the claim subject to offset? ☒ No ☐ Yes

3.6 Nonpriority creditor's name and mailing address
ATC Healthcare Services
75 Remittance Dr
Dept 6773
Chicago, IL 60675
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$6,965.65

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.7 Nonpriority creditor's name and mailing address
Bay Area Surgical Specialists
365 Lennon Lane
Walnut Creek, CA 94598
Date(s) debt was incurred 2022 - 2023
Last 4 digits of account number _____

As of the petition filing date, the claim is: Check all that apply.

\$876.32

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.8 Nonpriority creditor's name and mailing address
Bay Janitorial, Inc
3014 Ford Street
Oakland, CA 94601
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$2,601.03

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.9 Nonpriority creditor's name and mailing address
BlueVine
401 Warren St., Ste 300
Redwood City, CA 94063
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$178,341.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Loan

Is the claim subject to offset? ☒ No ☐ Yes

3.10 Nonpriority creditor's name and mailing address
Brazell Carter, M.D.
2600 Macdonald Ave
Richmond, CA 94804
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.11 Nonpriority creditor's name and mailing address
California Beverage Systems, Inc
2502 Technology Dr
Hayward, CA 94545
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,625.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.12 Nonpriority creditor's name and mailing address
California Dept of Public Heath
Fiscal Management Branch, MS 3202
Sacramento, CA 95899
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$50,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Assessment

Is the claim subject to offset? ☒ No ☐ Yes

3.13 Nonpriority creditor's name and mailing address
California Diesel & Power
150 Nardi Lane
Martinez, CA 94553
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,750.65

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.14 Nonpriority creditor's name and mailing address
Capstone Health LLC
11155 San Pablo Ave, Suite A
El Cerrito, CA 94530
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$9,069.91

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.15 Nonpriority creditor's name and mailing address
City of El Cerrito
Attn: A/R Clerk
10890 San Pablo Ave
El Cerrito, CA 94530
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$683.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Licensing fees

Is the claim subject to offset? ☒ No ☐ Yes

3.16 Nonpriority creditor's name and mailing address
City of Richmond
c/o Finance Dept
450 Civic Center Dr., PO Box 4046
Richmond, CA 94804
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$49,719.00

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Licensing fees

Is the claim subject to offset? ☒ No ☐ Yes

3.17 Nonpriority creditor's name and mailing address
Community Mobile Diagnostic Inc
Attn: Cash Apps
PO Box 676210
Dallas, TX 75267-6210
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,262.32

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.18 Nonpriority creditor's name and mailing address
Community Mobile Ultrasound Inc
Attn: Cash Apps
PO Box 676210
Dallas, TX 75267-6210
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$1,027.92

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.19 Nonpriority creditor's name and mailing address
Contra Costa County Tax Collector
PO Box 51104
Los Angeles, CA 90051
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$13,833.13

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.20 Nonpriority creditor's name and mailing address
Cooper & Hawkins Inc
2701 San Pablo Ave
Berkeley, CA 94702
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$3,412.22

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.21 Nonpriority creditor's name and mailing address
CTI III, LLC
CTI Corporate Tax Incentives
1720 Prairie City Rd., Ste 120
Folsom, CA 95630
Date(s) debt was incurred 6/2023
Last 4 digits of account number 9784

As of the petition filing date, the claim is: Check all that apply.

\$270,393.51

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Services

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.22 Nonpriority creditor's name and mailing address

**Daniels Sharpsmart, Inc
Daniels Health
111 W Jackson Blvd., Ste. 1900
Chicago, IL 60604**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$2,523.12

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.23 Nonpriority creditor's name and mailing address

**Dept. of Health Care Services
Acct Sect/Cashiers Unit, MS 1101
PO Box 997415
Sacramento, CA 95899-7415**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$760,221.99

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Quality Assurance Fee

Is the claim subject to offset? ☒ No ☐ Yes

3.24 Nonpriority creditor's name and mailing address

**Diagnostic Laboratories SL
Coomunity Mobile Diagnostic
Attn: Cash Applications
PO Box 676210
Dallas, TX 75267-6210**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$69,856.10

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.25 Nonpriority creditor's name and mailing address

**Dialysis Access Center A Medical Corp
Dept 33528
PO Box 39000
San Francisco, CA 94139**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$7,365.94

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.26 Nonpriority creditor's name and mailing address

**Direct Supply, Inc
Healthcare Equipment
PO Box 88201
Milwaukee, WI 53288-0201**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$3,255.07

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.27 Nonpriority creditor's name and mailing address

**Earleen Miller
c/o Labor Commissioner Office
1515 Clay St., Ste 801
Oakland, CA 94612**

Date(s) debt was incurred 1/13/2020

Last 4 digits of account number 1731

As of the petition filing date, the claim is: Check all that apply.

\$137,736.15

- ☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Pending claim with the Dept of Labor Commissioner

Is the claim subject to offset? ☒ No ☐ Yes

3.28 Nonpriority creditor's name and mailing address

**East Bay Sanitary Co
PO Box 1316
El Cerrito, CA 94530**

Date(s) debt was incurred 2022 – 2023

Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$6,587.78

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Services

Is the claim subject to offset? ☒ No ☐ Yes

Debtor Shields Nursing Centers, Inc. Name _____	Case number (if known) _____
---	------------------------------

3.29 Nonpriority creditor's name and mailing address Ecolab PO Box 100512 Pasadena, CA 91189 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,739.77 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

3.30 Nonpriority creditor's name and mailing address El Cerrito Investment Group, LLC Eyring Realty, Inc PO Box 2408 Danville, CA 94526 Date(s) debt was incurred <u>August and September 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$44,681.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent for El Cerrito facility for two months</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

3.31 Nonpriority creditor's name and mailing address Entech Medical 1910 D Street La Verne, CA 91750-5410 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,417.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

3.32 Nonpriority creditor's name and mailing address Fire & Security Alarm Company 1552 Beach Street Unit S Emeryville, CA 94608 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,907.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	---

3.33 Nonpriority creditor's name and mailing address First Insurance Funding PO Box 3604 Northbrook, IL 60065 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$15,012.81 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

3.34 Nonpriority creditor's name and mailing address Graph Insurance Group 270 Sylan Ave, Suite 2255 Englewood Cliffs, NJ 07632 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number <u>1033</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$113,560.93 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Defense counsel fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	--

3.35 Nonpriority creditor's name and mailing address Grove Menus, Inc 16404 NE 127th Street Kearney, MO 64060 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$199.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
---	---

Debtor Shields Nursing Centers, Inc. Name _____	Case number (if known) _____
---	------------------------------

3.36	Nonpriority creditor's name and mailing address IGeneX Inc 556 Gibraltar Drive Milpitas, CA 95035 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,312.00
3.37	Nonpriority creditor's name and mailing address Independent Life Medical Supplies LLC 2036 Blake Street Berkeley, CA 94704 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,666.68
3.38	Nonpriority creditor's name and mailing address Interactive Medical Systems, Inc PO Box 843789 Los Angeles, CA 90084-3789 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,203.30
3.39	Nonpriority creditor's name and mailing address Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346 Date(s) debt was incurred <u>From 2001 -</u> Last 4 digits of account number <u>5134</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Estimated unpaid payroll taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,200,000.00
3.40	Nonpriority creditor's name and mailing address James Prasad 29910 Bello View Place Hayward, CA 94544 Date(s) debt was incurred <u>August 2023 - September 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unpaid rent for Richmond facility for two months</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$82,809.04
3.41	Nonpriority creditor's name and mailing address JJ Medical Transport Services 2007 Cavalry Ave. Manteca, CA 95337 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$770.00
3.42	Nonpriority creditor's name and mailing address Johnson Controls Dept. CH 10320 Palatine, IL 60055-0320 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,123.01

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.43 Nonpriority creditor's name and mailing address
Kaiser Foundation Health Plan, Inc
File 5915
Purchase #602186-0000
Los Angeles, CA 90074-5915
Date(s) debt was incurred **July 2023 - September 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$184,299.12

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Employee health care plan premium**

Is the claim subject to offset? ☒ No ☐ Yes

3.44 Nonpriority creditor's name and mailing address
Madeline Bernier, et al
c/o McMahan & Carroll Law
Attn: Carl A. McMahan, Esq.
11755 Wilshire Blvd., Ste 2370
Los Angeles, CA 90025
Date(s) debt was incurred
Last 4 digits of account number **2093**

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☒ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: **Pending lawsuit**

Is the claim subject to offset? ☒ No ☐ Yes

3.45 Nonpriority creditor's name and mailing address
Marin Benefits
6366 Commerce Blvd., Suite 293
Rohnert Park, CA 94928
Date(s) debt was incurred **2022 - 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$1,392.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address
Matrix Pest Eliminations
PO Box 2968
Livermore, CA 94551
Date(s) debt was incurred **2022 - 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$548.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Vendor**

Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address
McKesson Medical-Surgical #31714
PO Box 630693
Cincinnati, OH 45263-0693
Date(s) debt was incurred **2022 - 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$90,040.62

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Medical Supplies**

Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address
McKesson Medical-Surgical 31722
PO Box 630693
Cincinnati, OH 45263-0693
Date(s) debt was incurred **2022 - 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$17,483.16

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Medical Supplies**

Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address
Nextaff Group, LLC
c/o Webster Bank
PO Box 847637
Boston, MA 02284
Date(s) debt was incurred **2022 - 2023**
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$46,392.22

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: **Services**

Is the claim subject to offset? ☒ No ☐ Yes

Debtor	Shields Nursing Centers, Inc. Name	Case number (if known) _____
--------	---------------------------------------	------------------------------

3.50	Nonpriority creditor's name and mailing address Office of Statewide Health Plan & Devt Dept. of Health Care Access & Info Sacramento, CA 95833 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,418.67 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

3.51	Nonpriority creditor's name and mailing address Pharmerica Attn: LeeAnn - AR PO Box 409251 Atlanta, GA 30384-9251 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$237,431.13 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>open invoices</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.52	Nonpriority creditor's name and mailing address PointClickCare Technologies Inc PO Box 674802 Detroit, MI 48267-4802 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$10,389.50 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.53	Nonpriority creditor's name and mailing address Republic Services #851 3-0851-1103911 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,902.44 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.54	Nonpriority creditor's name and mailing address Republic Services #852 3-0851-1210199 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,514.89 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

3.55	Nonpriority creditor's name and mailing address Republic Services #853 PO Box 78829 Phoenix, AZ 85062-8829 Date(s) debt was incurred <u>2022 - 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$308.43 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Garbage service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	--

3.56	Nonpriority creditor's name and mailing address Scent Air Technologies, Inc PO Box 978754 Dallas, TX 75397 Date(s) debt was incurred <u>2022 – 2023</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,664.20 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.57 Nonpriority creditor's name and mailing address
Shiftmed, LLC
PO Box 124004
Dallas, TX 75312
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$54,475.48

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Basis for the claim: Registry services

Is the claim subject to offset? ☒ No ☐ Yes

3.58 Nonpriority creditor's name and mailing address
Simpson, Garrity, Innes & Jacuzzi PC
601 Gateway Blvd., Suite 950
South San Francisco, CA 94080
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$747.50

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.59 Nonpriority creditor's name and mailing address
Skilled MD, Inc.
1154 Earnest Street
Hercules, CA 94547
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$2,000.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.60 Nonpriority creditor's name and mailing address
Smartlinx Solutions LLC
PO Box 22598
New York, NY 10087-2598
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$6,447.24

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.61 Nonpriority creditor's name and mailing address
Some Things Fishy LLC
1950 Willow Springs Road
Morgan Hill, CA 95037
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$327.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.62 Nonpriority creditor's name and mailing address
Spectrio, LLC
PO Box 890271
Charlotte, NC 28289
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$2,906.94

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.63 Nonpriority creditor's name and mailing address
Spherical Medial PC
600 Alfred Noble Dr, Ste A
Hercules, CA 94547
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number _

As of the petition filing date, the claim is: Check all that apply.

\$2,500.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.64 Nonpriority creditor's name and mailing address
Staples Advantage
Dept LA
PO Box 660409
Dallas, TX 75266-0409
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$2,340.54

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.65 Nonpriority creditor's name and mailing address
Superior Plumbing & Drain Cleaning
1000 13th Street
Richmond, CA 94801
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$1,330.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.66 Nonpriority creditor's name and mailing address
Sutter East Bay Medical Foundation
PO Box 254887
Sacramento, CA 95865
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$27.62

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.67 Nonpriority creditor's name and mailing address
Sysco Food Services of SF #931287
PO Box 5019
Fremont, CA 94537
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$16,183.05

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.68 Nonpriority creditor's name and mailing address
Sysco Food Services of SF #931295
PO Box 5019
Fremont, CA 94537
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$28,332.31

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

3.69 Nonpriority creditor's name and mailing address
The Department of Public Health
Lic & Cert Program
Grant and Fiscal Assessment Unit
Sacramento, CA 95899
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

Unknown

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Fees

Is the claim subject to offset? ☒ No ☐ Yes

3.70 Nonpriority creditor's name and mailing address
Tootris
6170 Cornerstone Ct E, Ste. 33
San Diego, CA 92121
Date(s) debt was incurred 2022 – 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$444.70

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known)

3.71 Nonpriority creditor's name and mailing address
Trident Diagnostics LLC
1840 N. Greenville Ave., Ste 178
Richardson, TX 75081-1898
Date(s) debt was incurred 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$11,334.49

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: March - June (EC/RH Invoices)

Is the claim subject to offset? ☒ No ☐ Yes

3.72 Nonpriority creditor's name and mailing address
Webfund
99 Washington Ave., Ste 1008
Albany, NY 12260
Date(s) debt was incurred 6/7/2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$400,000.00

- ☐ Contingent
☒ Unliquidated
☒ Disputed

Basis for the claim: Merchant Cash Advance Loan; UCC statement does not appear to be recorded

Is the claim subject to offset? ☒ No ☐ Yes

3.73 Nonpriority creditor's name and mailing address
Willie & Monique Shields
238 Malachite Crt.
Hercules, CA 94547
Date(s) debt was incurred September 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$16,352.00

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Unpaid rent for the corporate facility for one month

Is the claim subject to offset? ☒ No ☐ Yes

3.74 Nonpriority creditor's name and mailing address
Zipline.io Limited
Company Number 4835934
2900 Colorado Ave
Santa Monica, CA 90404
Date(s) debt was incurred 2022 - 2023
Last 4 digits of account number

As of the petition filing date, the claim is: Check all that apply.

\$13,255.20

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Vendor

Is the claim subject to offset? ☒ No ☐ Yes

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Graph Insurance Group c/o Lipsius-Benhaim Law, LLP Attn: Meir L. Goldberg 80-02 Kew Gardens Rd, Ste 1030 Kew Gardens, NY 11415	Line <u>3.34</u> <input type="checkbox"/> Not listed. Explain	—
4.2	Hanson Bridgett LLP Attn: Josue Aparicio, Esq. 425 Market St., FL 26 San Francisco, CA 94105	Line <u>3.27</u> <input type="checkbox"/> Not listed. Explain	—
4.3	Nextaff 8153 Elk Grove Blvd., Ste 20 Elk Grove, CA 95758	Line <u>3.49</u> <input type="checkbox"/> Not listed. Explain	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Debtor **Shields Nursing Centers, Inc.**
Name

Case number (if known) _____

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2
Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **374,048.55**

5b. + \$ **7,287,116.20**

5c. \$ **7,661,164.75**

Fill in this information to identify the case:

Debtor name Shields Nursing Centers, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Equipment Finance Agreement between Debtor and Dimension Funding, LLC for (1) Nursing Call Systems installed at the Cerrito location and (1) Nursing Call Systems installed at the Richmond location. The equipment is financed with Dimension Funding, LLC for a 60 month term which commenced in May 2022 with a monthly payment of \$3,672.00. The vendor for the nurse call systems is RF Technologies.
May 2027

State the term remaining

List the contract number of any government contract

Dimension Funding, LLC
6 Hughes Street #220
Irvine, CA 92618

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.2. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement between El Cerrito Investment Group, LLC ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for the real property commonly known as 3230 Carlson Blvd., El Cerrito, CA ("Shields Nursing Center"). The Lease commenced on September 1, 1999 with an option to extend the term of the lease for three periods of five years each by giving notice to Landlord. The base rent provides for percentage increase. Rent is due by the 10th of each month. The lease is intended to be a Net Lease. Tenant is responsible for real and personal taxes, and for payment of the utilities. Current base rent amount is \$22,341.00. Debtor wishes to assume the lease.
3 years remaining

State the term remaining

List the contract number of any government contract

El Cerrito Investment Group, LLC
Eyring Realty, Inc
PO Box 2408
Danville, CA 94526

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement between James Prasad ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for the premises located at 1919 Cutting Blvd., Richmond, California (the "Premises"). The Lease commenced on October 1, 2011 with three options to extend the lease by 5 years each. Monthly base rent is due by the 10th of each month. Tenant is responsible for real and personal property taxes and for utilities. Current base rent is \$41,405.00. Debtor wishes to assume the Lease.

State the term remaining

10 years remaining

List the contract number of any government contract

James Prasad
29910 Bello View Place
Hayward, CA 94544

2.4. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease agreement between Debtor and Sentric for Entertain360 equipment located at the El Cerrito location. The lease commenced on December 9, 2022 for 60 months at \$623.62/month. The payments are sent to Leaf Capital Funding, LLC. Debtor wishes to assume the lease and continue making the payments.

State the term remaining

December 9, 2027

List the contract number of any government contract

Leaf Capital Funding, LLC
2005 Market Street, 14th Fl
Philadelphia, PA 19103

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Equipment lease agreement between Debtor and Sentric for Entertain360 equipment located at the Richmonds location. The lease commenced in March 2023 for 60 months at \$625.49/month. The payments are sent to Leaf Capital Funding, LLC. Debtor wishes to assume the lease and continue making the payments.
March 2028

State the term remaining

List the contract number of any government contract

Leaf Capital Funding, LLC
2005 Market Street, 14th Fl
Philadelphia, PA 19103

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.6. State what the contract or lease is for and the nature of the debtor's interest

Lease agreement between Willie & Monique Shields ("Landlord") and Shields Nursing Centers, Inc. ("Tenant") for certain freestanding building and parking area commonly known as 606 Alfred Nobel Drive, Hercules, CA 94547 (the "Premises"). The Lease commenced on March 1, 2005 and has an end date of February 28, 2025. Tenant shall have an option to extend the term of the Lease for three periods of five years each by giving written notice to exercise this option at least 6 months prior to the expiration of the prior lease term. Tenant shall pay Landlord monthly base rent of \$15,352.20 subject to adjustment per Section 4.2 of the Lease. Tenant is also responsible for personal property and real property taxes as well as substitute and additional taxes that might be assessed on the property. Tenant is also responsible for all utilities and services furnished for the Premises. Current base rent is \$16,427.00. Debtor wishes to assume the Lease. February 28, 2025

State the term remaining

List the contract number of any government contract _____

Willie & Monique Shields
238 Malachite Crt.
Hercules, CA 94547

Fill in this information to identify the case:

Debtor name Shields Nursing Centers, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name	Mailing Address	Name	Check all schedules that apply:
2.1 Bahzi Records LLC	606 Alfred Nobel Dr. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.2 G.I.V.E. Inc.	606 Alfred Nobel Dr. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.3 Hercules Business Center Association	606 Alfred Nobel Dr. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.4 Monique Shields	238 Malachite Ct. Hercules, CA 94547	U.S. Small Business Admin	<input checked="" type="checkbox"/> D <u>2.15</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.5 Monique Shields	238 Malachite Ct. Hercules, CA 94547	Earleen Miller	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____

Debtor **Shields Nursing Centers, Inc.**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.
Column 1: Codebtor Column 2: Creditor

2.6	Subxtreme LLC	606 Alfred Nobel Dr. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.7	The Estates at Marsten Ranch Owners Assn	606 Alfred Nobel Dr. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.8	William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	U.S. Small Business Admin	<input checked="" type="checkbox"/> D <u>2.15</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.9	William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	UFS West LLC	<input checked="" type="checkbox"/> D <u>2.16</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____
2.10	William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	Webfund	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.72</u> <input type="checkbox"/> G _____
2.11	William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	Earleen Miller	<input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F <u>3.27</u> <input type="checkbox"/> G _____
2.12	William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	BizFund LLC	<input checked="" type="checkbox"/> D <u>2.1</u> <input type="checkbox"/> E/F _____ <input type="checkbox"/> G _____

Fill in this information to identify the case:

Debtor name Shields Nursing Centers, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF CALIFORNIA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 1/01/2023 to Filing Date

☐ Operating a business
☒ Other Gross receipts (estimated)

\$8,730,439.25

For prior year:
From 1/01/2022 to 12/31/2022

☐ Operating a business
☒ Other Gross receipts

\$15,942,651.00

For year before that:
From 1/01/2021 to 12/31/2021

☐ Operating a business
☒ Other Gross receipts

\$15,736,653.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from
each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Diagnostic Laboratories SL Coomunity Mobile Diagnostic Attn: Cash Applications PO Box 676210 Dallas, TX 75267-6210	7/25/2023 8/31/2023	\$28,989.34	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Graph Insurance Group 270 Sylan Ave, Suite 2255 Englewood Cliffs, NJ 07632	7/31/2023	\$81,142.04	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. Internal Revenue Service P O Box 7346 Philadelphia, PA 19101-7346	within 90 days	\$439,295.77	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <u>payroll tax obligation</u>

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**
List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. William M. Shields Jr. 238 Malachite Crt. Hercules, CA 94547 CEO	2022	\$240,974.14	Officer compensation
4.2. Monique Shields 238 Malachite Ct. Hercules, CA 94547 COO	2022	\$190,996.96	Officer compensation
4.3. Gregory Shields 637 Renaissance Avenue Fairfield, CA 94534 Son of Debtor's CEO	2022 compensatio n	\$100,004.16	Compensation

5. **Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

6. **Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

Debtor **Shields Nursing Centers, Inc.**

Case number (if known) _____

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	Ashley and Alexandra Stuteville v. Shields Nursing Centers, Inc. MSC21-02208	Request for dismissal of lawsuit filed on 6/18/2023 and entered on 6/22/2023; included as a precaution and for notification purposes only	Superior Court of California County of Contra Costa 725 Court Street Martinez, CA 94553	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
7.2.	Earleen Miller v. Shields Nursing Centers, Inc. WC-CM-691731	Pending claim with the Dept of Labor Commissioner	Labor Commissioner State of CA 1515 Clay St., Ste 801 Oakland, CA 94612	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	Madeline Bernier, by and through her Successor in Interest, Andree Toussaint, et al. v. Shields Nursing Centers, Inc., et al. C22-02093	Personal Injury or Wrongful Death	Superior Court of California County of Contra Costa 725 Court Street Martinez, CA 94553	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	Living Word Ministries Community Church 2920 Hilltop Mall Road Richmond, CA 94804	Charitable contributions	YTD 2023	\$50,000.00
	Recipients relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss <small>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</small>	Dates of loss	Value of property lost
--	--	---------------	------------------------

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Law Offices of Michael Jay Berger 9454 Wilshire Blvd, 6th Floor Beverly Hills, CA 90212		\$22,000 paid on 8/28/2023 \$24,738 paid on 9/14/2023	\$46,738.00
Email or website address Michael.Berger@bankruptcypower.com			
Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	--	------------------------	-----------------------

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address

Dates of occupancy
From-To**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Richmond Nursing Center 1919 Cutting Blvd. Richmond, CA 94804	Skilled Nursing Facility Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>1919 Cutting Blvd., Richmond, CA 94804</u>	94 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper
15.2. El Cerrito Nursing Facility 3230 Carlson Blvd., El Cerrito, CA 94530	Skilled Nursing Facility Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. <u>3230 Carlson Blvd., El Cerrito, California</u>	35 How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**☐ No.☒ Yes. State the nature of the information collected and retained.**Name, date of birth, social security number, address, health insurance information, and medical records.**

Does the debtor have a privacy policy about that information?

☐ No☒ Yes**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**☒ No. Go to Part 10.☐ Yes. Does the debtor serve as plan administrator?**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses,

cooperatives, associations, and other financial institutions.

☐ None

Financial Institution name and
Address

Last 4 digits of
account number

Type of account or
instrument

Date account was
closed, sold,
moved, or
transferred

Last balance
before closing or
transfer

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☐ None

Depository institution name and address

Names of anyone with
access to it
Address

Description of the contents

Does debtor
still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address

Names of anyone with
access to it

Description of the contents

Does debtor
still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

☐ No.

☐ Yes. Provide details below.

Case title
Case number

Court or agency name and
address

Nature of the case

Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

☐ No.

☐ Yes. Provide details below.

Debtor **Shields Nursing Centers, Inc.**

Case number (if known) _____

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.
☐ Yes. Provide details below.

Site name and address

Governmental unit name and address

Environmental law, if known

Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address

Describe the nature of the business

Employer identification number

Do not include Social Security number or ITIN.

Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address

Date of service
From-To

for the last 30 years

26a.1. **James P. Nettleton**
684 Park Hill Rd.
Danville, CA 94526

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- ☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- ☐ None

Name and address

If any books of account and records are
unavailable, explain why

26c.1. **James P. Nettleton**
684 Park Hill Rd.
Danville, CA 94526

26c.2. **William M. Shields Jr.**
238 Malachite Crt.
Hercules, CA 94547

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- ☒ None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

Debtor Shields Nursing Centers, Inc.

Case number (if known) _____

☒ No☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
William M. Shields Jr.	238 Malachite Crt. Hercules, CA 94547	CEO	100% equity interest in the Debtor

Name	Address	Position and nature of any interest	% of interest, if any
Monique Shields	238 Malachite Ct. Hercules, CA 94547	COO	0% equity ownership interest

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	Monique Shields 238 Malachite Crt. Hercules, CA 94547	\$190,996.96	2022 - 2023	Officer compensation
	Relationship to debtor COO			

30.2	William M. Shields Jr. 238 Malachite Crt. Hercules, CA 94547	\$240,974.14	2022 - 2023	Officer compensation
	Relationship to debtor CEO			

30.3	Gregory Shields 637 Renaissance Avenue Fairfield, CA 94534	\$100,004	2022 - 2023	Compensation
	Relationship to debtor Son of Debtor's CEO			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

Debtor Shields Nursing Centers, Inc.

Case number (if known) _____

- ☐ No
☐ Yes. Identify below.

Name of the parent corporation

Employer identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☐ No
☐ Yes. Identify below.

Name of the pension fund

Employer identification number of the pension fund

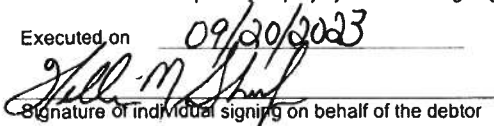
Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 09/20/2023


Signature of individual signing on behalf of the debtor

William M. Shields Jr.
Printed name

Position or relationship to debtor Chief Executive Officer

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No
☐ Yes

**United States Bankruptcy Court
Northern District of California**

In re **Shields Nursing Centers, Inc.**

Debtor.

Case No.
Chapter

11

STATEMENT PURSUANT TO RULE 2016(B)

The undersigned, pursuant to Rule 2016(b), Bankruptcy Rules, states that:

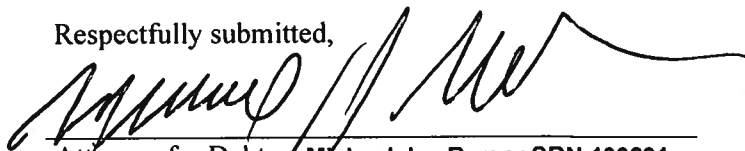
1. The undersigned is the attorney for the debtor in this case.
2. The compensation paid or agreed to be paid by the debtor, to the undersigned is:

a) For legal services rendered or to be rendered in contemplation of and in connection with this case a RETAINER OF	\$	<u>45,000.00</u>
b) Prior to the filing of this statement, debtor has paid A RETAINER OF	\$	<u>45,000.00</u>
c) The unpaid balance due and payable is	\$	<u>0.00</u>
3. \$ **1,738.00** of the filing fee in this case has been paid.
4. The Services rendered or to be rendered include the following:
 - a. Analysis of the financial situation, and rendering advice and assistance to the debtor in determining whether to file a petition under title 11 of the United States Code.
 - b. Preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - c. Representation of the debtor at the meeting of creditors.
5. The source of payments made by the debtor to the undersigned was from earnings, wages and compensation for services performed, and
6. The source of payments to be made by the debtor to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
7. The undersigned has received no transfer, assignment or pledge of property from debtor except the following for the value stated:
8. The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

Dated: _____

9/20/2023

Respectfully submitted,



Attorney for Debtor: **Michael Jay Berger SBN 100291**
Law Offices of Michael Jay Berger
9454 Wilshire Boulevard, 6th floor
Beverly Hills, CA 90212
(310) 271-6223 Fax: (310) 271-9805
michael.berger@bankruptcypower.com

**United States Bankruptcy Court
Northern District of California**

In re **Shields Nursing Centers, Inc.**

Debtor.

Case No.
Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
William M. Shields Jr. 238 Malachite Crt. Hercules, CA 94547			100% equity ownership interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, William M. Shields Jr., the **Chief Executive Officer** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date

09/20/23

Signature


William M. Shields Jr.

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In re
Shields Nursing Centers, Inc.

Case No.

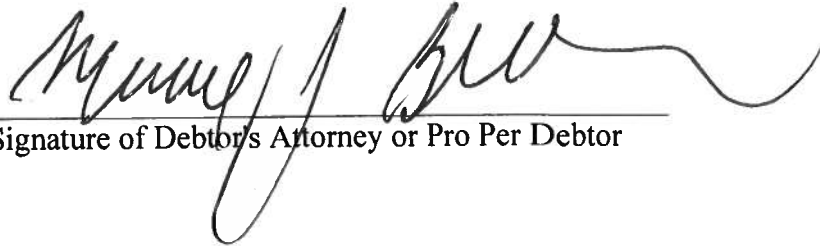
Debtor(s). /

CREDITOR MATRIX COVER SHEET

I declare that the attached Creditor Mailing Matrix, consisting of 13 sheets, contains the correct, complete and current names and addresses of all priority, secured and unsecured creditors listed in debtor's filing and that this matrix conforms with the Clerk's promulgated requirements.

DATED:

9/20/23



Signature of Debtor's Attorney or Pro Per Debtor

Ability Non-Emergency Medical Transport
970 Rock Ridge Way
Pittsburg, CA 94565

Accelerated Care Plus Corp
13828 Collections Center Dr
Chicago, IL 60693

Allied Propane
c/o Sandra
5000 Seaport Ave
Richmond, CA 94804

AMPG Healthcare Solution, Inc
1313 N. Milpitas Blvd #154
Milpitas, CA 95035

Ashley and Alexandra Stuteville
c/o Milanfar Law Firm, PC
Attn: Shahrar Milanfar, Esq.
1777 Oakland Blvd., Ste 220B
Walnut Creek, CA 94596

ATC Healthcare Services
75 Remittance Dr
Dept 6773
Chicago, IL 60675

Bahzi Records LLC
606 Alfred Nobel Dr.
Hercules, CA 94547

Bay Area Surgical Specialists
365 Lennon Lane
Walnut Creek, CA 94598

Bay Janitorial, Inc
3014 Ford Street
Oakland, CA 94601

BizFund LLC
2371 McDonald Ave., 2nd Floor
Brooklyn, NY 11223

BlueVine
401 Warren St., Ste 300
Redwood City, CA 94063

Brazell Carter, M.D.
2600 Macdonald Ave
Richmond, CA 94804

California Beverage Systems, Inc
2502 Technology Dr
Hayward, CA 94545

California Dept of Public Heath
Fiscal Management Branch, MS 3202
Sacramento, CA 95899

California Diesel & Power
150 Nardi Lane
Martinez, CA 94553

Capstone Health LLC
11155 San Pablo Ave, Suite A
El Cerrito, CA 94530

CESC - Covid EIDL Service Center
14925 Kingsport Rd.
Fort Worth, TX 76155

CIT Bank, N.A., a Division of
First-Citizens Bank & Trust Company
10201 Centurion Pkwy N., #100
Jacksonville, FL 32256

City of El Cerrito
Attn: A/R Clerk
10890 San Pablo Ave
El Cerrito, CA 94530

City of Richmond
c/o Finance Dept
450 Civic Center Dr., PO Box 4046
Richmond, CA 94804

Community Mobile Diagnostic Inc
Attn: Cash Apps
PO Box 676210
Dallas, TX 75267-6210

Community Mobile Ultrasound Inc
Attn: Cash Apps
PO Box 676210
Dallas, TX 75267-6210

Contra Costa County Tax Collector
PO Box 51104
Los Angeles, CA 90051

Cooper & Hawkins Inc
2701 San Pablo Ave
Berkeley, CA 94702

CT Corporation System, as representative
330 N. Brand Blvd., Ste 700
Glendale, CA 91203

CTI III, LLC
CTI Corporate Tax Incentives
1720 Prairie City Rd., Ste 120
Folsom, CA 95630

Daniels Sharpsmart, Inc
Daniels Health
111 W Jackson Blvd., Ste. 1900
Chicago, IL 60604

Dept. of Health Care Services
Acct Sect/Cashiers Unit, MS 1101
PO Box 997415
Sacramento, CA 95899-7415

Diagnostic Laboratories SL
Community Mobile Diagnostic
Attn: Cash Applications
PO Box 676210
Dallas, TX 75267-6210

Dialysis Access Center A Medical Corp
Dept 33528
PO Box 39000
San Francisco, CA 94139

Dimension Funding, LLC
6 Hughes Street #220
Irvine, CA 92618

Direct Supply, Inc
Healthcare Equipment
PO Box 88201
Milwaukee, WI 53288-0201

Earleen Miller
c/o Labor Commissioner Office
1515 Clay St., Ste 801
Oakland, CA 94612

East Bay Sanitary Co
PO Box 1316
El Cerrito, CA 94530

Ecolab
PO Box 100512
Pasadena, CA 91189

El Cerrito Investment Group, LLC
Eyring Realty, Inc
PO Box 2408
Danville, CA 94526

Employee Development Department
Bankruptcy Group MIC 92E
PO Box 826880
Sacramento, CA 94280-0001

Employee Development Department
PO Box 826203
Sacramento, CA 94230

Entech Medical
1910 D Street
La Verne, CA 91750-5410

Fire & Security Alarm Company
1552 Beach Street Unit S
Emeryville, CA 94608

First Corporate Solutions, representativ
914 S. Street
Sacramento, CA 95811

First Insurance Funding
PO Box 3604
Northbrook, IL 60065

G.I.V.E. Inc.
606 Alfred Nobel Dr.
Hercules, CA 94547

Graph Insurance Group
270 Sylan Ave, Suite 2255
Englewood Cliffs, NJ 07632

Graph Insurance Group
c/o Lipsius-Benhaim Law, LLP
Attn: Meir L. Goldberg
80-02 Kew Gardens Rd, Ste 1030
Kew Gardens, NY 11415

Grove Menus, Inc
16404 NE 127th Street
Kearney, MO 64060

Hanson Bridgett LLP
Attn: Josue Aparicio, Esq.
425 Market St., FL 26
San Francisco, CA 94105

Hercules Busineses Center Association
606 Alfred Nobel Dr.
Hercules, CA 94547

IGeneX Inc
556 Gibraltar Drive
Milpitas, CA 95035

Independent Life Medical Supplies LLC
2036 Blake Street
Berkeley, CA 94704

Interactive Medical Systems, Inc
PO Box 843789
Los Angeles, CA 90084-3789

Internal Revenue Service
P O Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
PO Box 145595
Stop 8420G
Cincinnati, OH 45250-5585

James Prasad
29910 Bello View Place
Hayward, CA 94544

JJ Medical Transport Services
2007 Cavalry Ave.
Manteca, CA 95337

Johnson Controls
Dept. CH 10320
Palatine, IL 60055-0320

Kaiser Foundation Health Plan, Inc
File 5915
Purchase #602186-0000
Los Angeles, CA 90074-5915

Leaf Capital Funding, LLC
2005 Market Street, 14th Fl
Philadelphia, PA 19103

Leaf Capital Funding, LLC
1720A Crete Street
Moberly, MO 65270

Lien Solutions
PO Box 29071
Glendale, CA 91209-9071

Madeline Bernier, et al
c/o McMahan & Carroll Law
Attn: Carl A. McMahan, Esq.
11755 Wilshire Blvd., Ste 2370
Los Angeles, CA 90025

Marin Benefits
6366 Commerce Blvd., Suite 293
Rohnert Park, CA 94928

Matrix Pest Eliminations
PO Box 2968
Livermore, CA 94551

McKesson Medial-Surgical #31714
PO Box 630693
Cincinnati, OH 45263-0693

McKesson Medical-Surgical 31722
PO Box 630693
Cincinnati, OH 45263-0693

Monique Shields
238 Malachite Ct.
Hercules, CA 94547

Nextaff
8153 Elk Grove Blvd., Ste 20
Elk Grove, CA 95758

Nextaff Group, LLC
c/o Webster Bank
PO Box 847637
Boston, MA 02284

Office of Statewide Health Plan & Devt
Dept. of Health Care Access & Info
Sacramento, CA 95833

Pharmerica
Attn: LeeAnn - AR
PO Box 409251
Atlanta, GA 30384-9251

PointClickCare Technologies Inc
PO Box 674802
Detroit, MI 48267-4802

Republic Services #851
3-0851-1103911
PO Box 78829
Phoenix, AZ 85062-8829

Republic Services #852
3-0851-1210199
PO Box 78829
Phoenix, AZ 85062-8829

Republic Services #853
PO Box 78829
Phoenix, AZ 85062-8829

RF Technologies
3125 N 126th Street
Brookfield, WI 53005

Scent Air Technologies, Inc
PO Box 978754
Dallas, TX 75397

Sentrics
1720A Crete Street
Moberly, MO 65270

Shiftmed, LLC
PO Box 124004
Dallas, TX 75312

Simpson, Garrity, Innes & Jacuzzi PC
601 Gateway Blvd., Suite 950
South San Francisco, CA 94080

Skilled MD, Inc.
1154 Earnest Street
Hercules, CA 94547

Smartlinx Solutions LLC
PO Box 22598
New York, NY 10087-2598

Some Things Fishy LLC
1950 Willow Springs Road
Morgan Hill, CA 95037

Spectrio, LLC
PO Box 890271
Charlotte, NC 28289

Spherical Medial PC
600 Alfred Noble Dr, Ste A
Hercules, CA 94547

Staples Advantage
Dept LA
PO Box 660409
Dallas, TX 75266-0409

Subxtreme LLC
606 Alfred Nobel Dr.
Hercules, CA 94547

Superior Plumbing & Drain Cleaning
1000 13th Street
Richmond, CA 94801

Sutter East Bay Medical Foundation
PO Box 254887
Sacramento, CA 95865

Sysco Food Services of SF #931287
PO Box 5019
Fremont, CA 94537

Sysco Food Services of SF #931295
PO Box 5019
Fremont, CA 94537

The Department of Public Health
Lic & Cert Program
Grant and Fiscal Assessment Unit
Sacramento, CA 95899

The Estates at Marsten Ranch Owners Assn
606 Alfred Nobel Dr.
Hercules, CA 94547

Tootris
6170 Cornerstone Ct E, Ste. 33
San Diego, CA 92121

Trident Diagnostics LLC
1840 N. Greenville Ave., Ste 178
Richardson, TX 75081-1898

U.S. Small Business Administration
El Paso Loan Service Center
10737 Gateway West, Ste. 300
El Paso, TX 79935

U.S. Small Business Administration
Attn: District Counsel
455 Market Street, Suite 600
San Francisco, CA 94105

UFS West LLC
1915 Hollywood Blvd., Suite 200A
Hollywood, FL 33020

Webfund
99 Washington Ave., Ste 1008
Albany, NY 12260

William M. Shields Jr.
238 Malachite Crt.
Hercules, CA 94547

Willie & Monique Shields
238 Malachite Crt.
Hercules, CA 94547

Zipline.io Limited
Company Number 4835934
2900 Colorado Ave
Santa Monica, CA 90404

**United States Bankruptcy Court
Northern District of California**

In re **Shields Nursing Centers, Inc.**

Debtor.

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Shields Nursing Centers, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly owns 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:
N/A

☐ None [Check if applicable]

Date

9/20/2023

Michael Jay Berger (SBN 100291)

Signature of Attorney or Litigant

Counsel for **Shields Nursing Centers, Inc.**

Law Offices of Michael Jay Berger

9454 Wilshire Boulevard, 6th floor

Beverly Hills, CA 90212

(310) 271-6223 Fax: (310) 271-9805

michael.berger@bankruptcypower.com